Refugee Health Technical Assistance Center
Suicide Prevention Pre-Training Survey

As part of your participation in the Refugee Suicide Prevention Training, we would like you to complete this survey. Your responses are very important in improving this training.

1.   Your Age: (circle one)

Under 20   20-29   30-39   40-49   50-59   60 years old
Years old   Years old   Years old   Years old   Years old   or over

2.   Your Gender: (check one)
            Male
            Female

3.   What is your country of origin? _____

4.   If you were born outside of the United States, what year did you come to the U.S.? ____

5.   Do you work with or have direct contact with refugees? (check one)
            Yes
            No

6.   If yes, on average how often do you work with or have direct contact with refugees?
        (check one)
            Daily
            Weekly
            Monthly
            Other (please specify): _____

7.   Where do you work or have direct contact with refugees? (check ALL that apply)
            Community
            Education, including English as a Second Language classes
            Employment, including small business development and financial literacy
            Health
            Resettlement
            Other (please specify): _____

8.   Number of years you have worked with refugees: _____

TURN TO NEXT PAGE

1

Suicide Prevention Pre-Training Survey (continued)

Please indicate whether you agree or disagree with each of the following statements by putting a check mark (√).

Statements	Agree	Disagree
9. A person with a history of mental illness is less likely to attempt suicide.		
10. People who really want to die will find a way. It will not help to try and stop them.		
11. Alcohol or drug use may cause a person to be at higher risk of suicide.		
12. You should not talk to people about suicide because it might give them the idea to try suicide.		

13. I am aware of local resources that can help a person who is at risk for suicide such as mental health services. (check one)

Yes

No

Please rate the **level of confidence** you have in your ability to perform each of the following actions by putting a check mark (√).
(select only one level of confidence of each action)

	Not confident	Somewhat confident	Confident	Very confident
14. I can recognize suicide warning signs in a person.				
15. I can ask a person if he/she is thinking about suicide.				
16. I can convince a person who is thinking about suicide to seek help such as mental health services.				
17. I can connect a person who is thinking about suicide to help such as mental health services.				

STOP! Do not turn the page until AFTER the training!

Refugee Health Technical Assistance Center
Suicide Prevention Post-Training Survey

Please indicate whether you agree or disagree with each of the following statements by putting a check mark (√).

Statements	Agree	Disagree
1. A person with a history of mental illness is less likely to attempt suicide.		
2. People who really want to die will find a way. It will not help to try and stop them.		
3. Alcohol or drug use may cause a person to be at higher risk of suicide.		
4. You should not talk to people about suicide because it might give them the idea to try suicide.		

5. I am aware of local resources that can help a person who is at risk for suicide such as mental health services. (check one)

      Yes

      No

Please rate the **level of confidence** you have in your ability to perform each of the following actions by putting a check mark (√).
(select only one level of confidence of each action)

	Not confident	Somewhat confident	Confident	Very confident
6. I can recognize suicide warning signs in a person.				
7. I can ask a person if he/she is thinking about suicide.				
8. I can convince a person who is thinking about suicide to seek help such as mental health services.				
9. I can connect a person who is thinking about suicide to help such as mental health services.				

TURN TO NEXT PAGE

Suicide Prevention Post-Training Survey (continued)

Please check off ☑ whether you agree or disagree with each of the following statements:

10.   This program met the learning objectives presented at the beginning of the training.
        I disagree   I am neutral   I agree

11.   The information presented was clear and well organized.
        I disagree   I am neutral   I agree

12.   Opportunity for discussion and asking questions was provided and useful.
        I disagree   I am neutral   I agree

13.   The training activities taught me new skills.
        I disagree   I am neutral   I agree

14.   The handouts were useful.
        I disagree   I am neutral   I agree

15.   What is your overall rating of this training?
        Poor   Fair   Good   Excellent

16.   In what specific ways did this training meet or not meet your expectations?

17.   Do you think you might use the skills you practiced during the training in the next 3 months? If yes, please describe how you might use these skills.

18.   Name one knowledge or skill that you'll take away from this training.

19.   Is there anything you would change about the training? If yes, please explain.

Thank You!